CANDIDATE / OFFICEHOLDER RECEIVED CAMPAIGN FINANCE REPORT CITY CLERK

FORM C/OH COVER SHEET PG 1

		- 4410, FE		
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	(Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Councilman Enrique	MI M	OFFICE US	SE ONLY
IVAIVIL	NICKNAME LAST	SUFFIX	Date Received	
4 CANDIDATE/		CITY; STATE; ZIP CODE	-	
OFFICEHOLDER MAILING ADDRESS Change of Address	& PO Box 761555 San Antonio Tx	78245	Date Hand-delivered or Da	Pate Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 432 - 2431	EXTENSION	Receipt # A	Amount
6 CAMPAIGN TREASURER	MS/MRS)MR FIRST Leticia	MI	Date Processed	
NAME	NICKNAME LAST	SUFFIX	Date Imaged	
	Barrera			-
7 CAMPAIGN TREASURER ADDRESS (Residence or business)		ITE#; CITY; STATE; SATL	ZIP CODE 78 237	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 432 - 243/	EXTENSION		o o o o o o o o o o o o o o o o o o o
9 REPORTTYPE	January 15 30th day before election	on Runoff	15th day after campa appointment (officeho	
	July 15 8th day before election		Final report (Attach C	ン/OH - FR)
10 PERIOD COVERED	Month Day Year THROU	Month Day 12 / 31		
11 ELECTION	ELECTION DATE Month Day Year Primary		General	Special
12 OFFICE	OFFICE HELD (If any) City Council	13 OFFICE SOUGHT (if know	wn)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign exper Candidates are required to disclose this information o	nditures made by others without the car only if they receive notification of the dir	ndidate's prior consent or ap rect campaign expenditure.	oproval.
BY OTHER INDIVIDUALS	Name			
	Address / PO Box; Apt. / Suite #; City; State; Z	Zip Code		
additional pages				
	GO ТО Г	PAGE 2		

CANDIDATE / OFFICEHOLDER REMORTED SUPPORT & TOTALS CITY OF SAN ANTONIO CITY CLERK

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		2005 JAN 19 AM 10: 55	16ACCOUNT # (Ethics Commission filers)			
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate of they receive notice of such expenditures.	ate / officeholder. These expenditures es and officeholders are required to report			
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12 605.			
EXPENDITURE TOTALS	3. TOTAL F	\$				
	4. TOTAL POLITICAL EXPENDITURES \$ 5700.29					
CONTRIBUTION BALANCE	5. TOTAL F OF REPO	\$ 12 054.16				
OUTSTANDING LOANTOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$			
19 AFFIDAVIT	BARBARA G. TREVINO MY COMMISSION EXPIRES February 18, 2006		ormation required to be reported by			
AFFIX NOTARY STAME		Signature of Candida				
		tify which, witness my hand and seal of office.	this the day			
Signature of officer ad	ministering oath	Barbara G-Trevno Note Printed name of officer administering oath Title	ary Public of officer administering oath			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED CITY OF SAN ANTONIO

SCHEDULE A

OTTIEN	THAIT LEDGES ON LOAN	OITY 0	LERK	
The Instruction	N GUIDE explains how to complete this form.	2005 164 9	1A More pages Sche	edule A:
2 FILER NAME Enri	que Barrera		3 ACCOUNT # (Ett	nics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_Rober+ J. Perez	,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/17/04	6 Contributor address; City; State; Zip Code P.O. BOX 12164, SAN Anto	SISECXT. Ofm	200.00	
9 Principal occup	pation / Job title (See Instructions) Private CHizen	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/17/04	Contributor address; City; State; Zip Code 214 Meadow Glen Dr. S	SAM 78227	[00.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/17/04	Contributor address; City; State; Zip Code 2814 Burning Rock, SAN A	ntonii 1.7% 78247	50.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/15/04	Contributor address; City; State; Zip Code P.D. BOX 780003 SAN AN	78278	500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributorout-of-state PAC (ID#:	te	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/17/04	Contributor address; City: State; Zip Code 4103 By Halo Bayar 78257		50	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	<u> </u>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	S CITY	RECEIVED OF SAN ANTOI CITY CLERK	SCHEDULE A
The Instruction	ON GUIDE explains how to complete this form.	2005 J	1 Total pages Sch	
FILER NAM	E Enrique Barrera		3 ACCOUNT # (Et	
Date	5 Full name of contributor Out-of-state PAC (ID#: Rosemany Kowalshi)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/17/04	6 Contributor address; City; State; Zip Code Park Lane 1512 78209		100-	
Principal occu	upation/Job title (See Instructions) Caterer	10 Employer (See Ins	structions) らへゅ	
Date - 7-0 4	Full name of contributor out-of-state PAC (ID#: Ruberto Zarate Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	4103 Buffalo Bayes	-51	\$50-	!
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
16/04	Contributor address; City; State; Zip Code 5111 Broadway 78709		100 -	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/04	Contributor address; City; State; Zip Code 2630 SW 36+4 78237		100-	
Principal occu	pation / Job title (See Instructions)	Employer (See Inst	tructions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
117/04	Contributor address; City; State; Zip Code 120 Villitz 78205		500-	•

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

lexas Ethics Cor	mmission P.O. Box 12070 Austin	n, Texas 78711-207	0 (512) 46	33-5800 1-800-325-850
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	S RECE	EIVED AN ANTONIO	SCHEDULE A
		— ÜTY	CLERK	
The Instruction	Guide explains how to complete this form.	ንናበር ነልዝ I C	1 Total pages Sche	edule A:
2 FILER NAME	Enrique Barrera	AUDI OFICE	3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11-19-04	6 Contributor address; City; State; Zip Code 1303 McCollough St 560 78212		500.00	
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-09-04	Contributor address; City; Stale; Zip Code 16867 Moss Find 782	55	500.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	L
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-6-04	Contributor address; City; State; Zip Code 217 Alamo Plz 5t 300 78205		250-	1
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	<u> </u>
Date	Full name of contributor □ out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/16/04	Contributor address; City; State; Zip Code Blog D3W 78288		500.00	
Principal occup	pation / Job title (See Instructions) P40	Employer (See Ins	structions)	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
If contri	ATTACH ADDITIONAL COPIES ibutor is out-of-state PAC, please see instru			ng requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	RECEL CITY OF SAN	VED I ANTONIO LERK	SCHEDULE A
The Instruction	N GUIDE explains how to complete this form.	2005 184 19	1 Total pages Sche	edule A:
2 FILER NAME	igue Barrera		3 ACCOUNT # (Eti	nics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/16/04	6 Contributor address; City; State; Zip Code 6 202 Mondean 78240		100 -	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/17/04	Contributor address; City; State; Zip Code		20-	
Principal occu	pation / Job title (See Instructions)	Employer (See in	structions)	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/17/04	Contributor address; City; State; Zip Code 8000 Mines Lando 78045		100-	 -
Principal occu	pation / Joh title (See Instructions)	Employer (See In	structions)	L
	developer	Self		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/17/04	Contributor address; City; State; Zip Code 7450 Mendon Breeze 787	77	58-	
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/17/04	Contributor address; City; State; Zip Code 527 W. Academ SATX 78226		25	
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
lf contr	ATTACH ADDITIONAL COPIE: ibutor is out-of-state PAC, please see instru			ing requirements.

exas Ethics Co	mmission P.O. Box 12070 Austin	า, Texas 78711-207	0 (512) 46	3-5800 1-800-325-85
POLITI	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	RECEIVED STY OF SAN ANT CITY CLERK	ONIO	SCHEDULE A
	ON GUIDE explains how to complete this form	2005 JAN 19 AM		edule A: 12
FILER NAM	Enrique Barrer		3 ACCOUNT # (Et	hics Commission filers)
Date	5 Full name of contributor out-of-state PAC (ID#:_ Brian Potastnih		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-16-04	6 Contributor address; City; State; Zip Code		500.00	
Principal occu	pation / Job title (See Instructions)	10 Employer (See Ins) orps
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
-16-04	Contributor address; City; State; Zip Code		500.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	tructions)	, , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
-17-04	Contributor address; City; State; Zip Code 105 S. St. Marys St. 1650 78205		/00.00	
Principal occu	pation / Job title (See Instructions) Afformey	Employer (See Ins Roy Barrera C		- Principal Salaria
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2-13-04	Contributor address; City; State; Zip Code P0 Box /01/36 78701		150-	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/17/04	Contributor address; City; State; Zip Code 7919 Westshire 78227		50-	•

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

POLITICAL CONTRIBUTIONS	RECEIVED
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOA	CH'SOF SAN ANTONIO

SCHEDULE A

CITY CLERR				
The Instruction	ON GUIDE explains how to complete this form.	14H 19 AH 10:	Total pages Sche	edule A: 12
2 FILER NAMI	Enrique Berrera		3 ACCOUNT # (Et)	nics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_ ABG Dev Inc)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/17/04	6 Contributor address; City; State; Zip Code		500.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In:	, '	
	Finance	436 D	er Inc	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-17-04	Contributor address; City; State; Zip Code		500.	 -
	78258			
Principal occu	pation / Job title (See Instructions) Mg-	Employer (See Ins	' - '	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-17-04	Contributor address; City; State; Zip Code		500.	
	78212			
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		
	Busines Person	Pracip	اد	
Date	Full name of contributor Out-of-state PAC (ID#: Robert Dougles)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-17-04	Contributor address; City; State; Zip Code Deerhorst		100-	
•	78216			
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-10-04	Contributor address; City; State; Zip Code		500-	
	Boerne Tx 78006			
Principal occu	pation / Job title (See Instructions) (ansulfant	Employer (See Ins	structions)	
	ATTACU ADDITIONAL CODICE	COLTUS FORM A	O NEEDED	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

78216

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Texas Ethics Cor	nmission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 46	3-5800 1-800-325-850
POLITION OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	RECEIVE CITY OF SAN A	ED NTONIO RK	SCHEDULE A
	N Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	Enrique Barrera		3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
	Louis Rodrigues	/	contribution (\$)	description (if applicable)
11-17-04	6 Contributor address; City; State; Zip Code		50-	
	12810 Varrientos			
	78233			
9 Principal occu	pation / Job title (See Instructions) Athy	10 Employer (See Ins	tructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
	Arthur Valero		contribution (\$)	description (if applicable)
1 1	Contributor address; City; State; Zip Code			
11/17/04	2420 McCullaigh		1//	
1 , '	7821	,		
Principal occu	pation / Job title (See Instructions)	Employer (See Inst	tructions)	
	citizen Atomo	Employer (See inst	il delions)	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
	Gene Dawson		contribution (\$)	description (if applicable)
1 1				
11/17/04	Contributor address; City; State; Zip Code		500-1	
1	78232			
Principal occu _l	pation / Job title (See Instructions)	Employer (See Inst	ructions)	Davson
Date				
Date	7)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1 1	Vanny Innis		1	
11/16/04	Contributor address; City; State; Zip Code		1	
('	9042 Chinen		500-	
	78 250		1	·
Principal occup	pation / Job title (See Instructions)	Employer (See Inst	ructions)	
	Ciliten			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Lloyd Denton		continuation (¢)	accomplian (ii applicable)
11/15/04	Contributor address; City; State; Zip Code			•
11/10/01	11 Lynn Batts Line		500- 1	
	78218		ţ	
Principal occur	potion / Joh title (See Instructions)	Employer (See Instr	ructions)	
	Attorney	Se/f		****
	•			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

exas Ethics Co	mmission P.O. Box 12070 Aus	stin, Texas 78711-207	0 (512) 46	3-5800 1-800-325-85
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS ECEIVED FY OF SAN ANTONI	0	SCHEDULE A
The Instruction	ON GUIDE explains how to complete this form.	05 1881 19 AM 10: 1	1 Total pages Sch	edule A:
2 FILER NAMI	Enryve Barrera		3 ACCOUNT # (Et	
1 Date	5 Full name of contributor Dout-of-state PAC (ID)	#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/17/04	6 Contributor address; City; State; Zip Cod 217 Furnish 78204	de	30-	
Principal occu	pation / Job title (See Instructions)	10 Employer (See In:	structions)	<u> </u>
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)	Ir -kind contribution description (if applicable)
23/64	Contributor address; City; State; Zip Code 4255 Vilamora Avon Ohio 44011	e	167-	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	•	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	Ir -kind contribution desc ription (if applicable)
	5245 Miller Rd Brechsville DH 44141		166 - 1	
Principal occup	pation / Job title (See Instructions) developer	Employer (See Ins	tructions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In kind contribution desc iption (if applicable)
1/24/04	Contributor address; City: State; Zip Code 60 Rydal 4900d Moreland Hills 011 44002		167-	
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst		
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In kind contribution description (if applicable)
11/104	Contributor address; City; State; Zip Code 909 Broadway 78215		500-	•
Principal occupa	ation / Job title (See Instructions)	Employer (See Instr	ructions)	
lf contrib	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS uction guide for add	NEEDED litional reportin	g requirements.

exas Ethics Co	ommission P.O. Box 12070 Aust	<u>tin, Texas 78711-207</u>	0 (512) 46	3-5800 1-800-325-85
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	NS RECEIVE CITY OF SAN A	ID htonio rk	SCHEDULE A
The Instruct	гом Guide explains how to complete this form.	2005 144 19 A	1 Total pages Sch	edule A:
2 FILER NAM	Enrique Barrera	71111 7 1 1 2 - 1	3 ACCOUNT # (Et	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/17/04	6 Contributor address; City, State; Zip Code GIQ7 Marback	∍	100	
Principal occ	upation / Job title (See Instructions) Medical	10 Employer (See Ins	structions)	<u> </u>
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of contribution (\$)	Ir -kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	,	; ;	
Principal occi	upation Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	Ir -kind contribution desc ription (if applicable)
Principal occu	upation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor		Amount of contribution (\$)	In kind contribution desc iption (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Inst	ructions)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Instr	ructions)	
lf contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru	S OF THIS FORM AS	NEEDED ditional reportin	g requirements.

iex	POLITION OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	RECEIVED RECEIVED STY OF SAN ANT CITY CLERK	ОИЮ	SCHEDULE A
		N GUIDE explains how to complete this form.	2005 JAN 19 AM	13: Total pages Sche	edule A: 12
2	FILER NAME	Enrique Berren		3 ACCOUNT # (Et	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:_ Este fank MarJiney 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9	Principal occu	pation/Job title (See Instructions) Red. Lahr	10 Employer (See In:	structions)	
	Date	Full name of contributor Out-of-state PAC (ID#:_ Lawrucc Runo Contributor address; City; State; Zip Code 2906 Wood Kno		Amount of contribution (\$)	In-kind contribution description (if applicable)
	, , , , , ,		73 25/ Employer (See Ins		<u> </u>
	Illip for	Full name of contributor out-of-state PAC (ID#: Deepck Sula lehe Contributor address; City; State; Zip Code (4) VWag Chr S	te 18 1	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	. /	
	/1/15/54	Full name of contributor out-of-state PAC (ID#:	νη 5671	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occup	pation / Job title (See Instructions)	Empleyer (See Ins	structions)	R.
	Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Texas Ethics Cor	mmission P.O. Box 12070	Austin, T	exas 78711-207	0 (512) 46	3-5800 1-800-325-850
	CAL CONTRIBUTIONS THAN PLEDGES OR LO	OANS	RE CITY OF	CEIVED SAN ANTONIO TY CLERK	SCHEDULE A
The Instructio	N GUIDE explains how to complete this form	•	7805 IA*	1 Total pages School 19 AM IO: 50	
2 FILER NAME				3 ACCOUNT # (Ett	nics Commission filers)
Envig	The Barrery			·	,
4 Date	5 Full name of contributor pout-of-state Gerald Arresones	PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/17/54	6 Contributor address; City; State; 10406 Lagy F. Tr	ail		10000	
9 Principal occup	pation / Job title (See Instructions)	10	Employer (See In:	structions)	
Date	Full name of contributor out-of-state Contributor address; City; State;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)		Employer (See Ins		
	private citizen		Employer (See ins	structions)	
Date	_	PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/17/04	Sylvia D. Enviouez Contributor address; City; State; z 3326 Tavern Ock San Antonio T.	2 34	47	¥101000	
Principal occup	pation / Job title (See Instructions) Private Cifile		Employer (See Ins	structions)	
11/22/34	Full name of contributor out-of-state in Manual Diaz Ga Contributor address; City State; Z	13.a		Amount of contribution (\$)	In-kind contribution description (if applicable)
	San Anda vivo T	× 731	7.77		
Principal occup	Dation / Job title (See Instructions)		Employer (See Ins	tructions)	
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Z	P Gode			
Principal occup	eation / Job title (See Instructions)		Employer (See Ins	tructions)	
lf contril	ATTACH ADDITIONAL butor is out-of-state PAC, please sec				ng requirements.

Texas Ethics Con	nmission P.O. Box 12070	Austin, Texas	78711-2070	(512) 46	3-5800 1-800-325-8506
POLITIO	CAL EXPENDITURE	s 	RECEIVED CITY OF SAN ANT CITY CLERK	ON10	SCHEDULE F
The Instruction	N GUIDE explains how to complete thi	s form.	2905 JAN 19 AM	1 Total pages [0:56	Schedule F:
2 FILER NAME	Enrique Barre	ra	<u> </u>		# (Ethics Commission filers)
4 Date	5 Payee name Arturo Cue 6 Payee address; City; S 427 N. Main Ave	State; Zip Code	Atonio, TX 7820S		7 Amount (\$) 250.00
8 Purpose of pay required.)	ment (See instructions regarding type o	of information	9 · · Complete if di Cańdidate / Officeholder r	•	to benefit C/OH •• Office sought Office held
Date		State; Zip Code	Antonio, Tx 7	3205	Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type o	of information	•• Complete if di Candidate / Officeholder r	•	to benefit C/OH •• Office sought Office held
Date	· · · · · · · · · · · · · · · · · · ·	State; Zip Code	io, 7x 78229		Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type o	of information	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought Office held
Date	Payee name NW Democrats Payee address; City; S 4081 Medical; SA	state; Zip Code n Antonio ,	Tk 73229		Amount (\$) (0.00
required.)	ment (See instructions regarding type o	of information	•• Complete if di Candidate / Officeholder r		lo benefit C/OH •• Office sought Office held
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SA.TX

Purpose of payment (See instructions regarding type of information required.)

· Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought

Donation

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Office held

	Payee address; City; State; Zip Code		
Purpose of pay required.)	rment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
Purpose of pay	ment (See instructions regarding type of information	 Complete if direct expenditure 	to benefit C/OH ··

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Candidate / Officeholder name

required.)

Office held

Office sought

Date	Payee name	5 5 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Amount (\$)
	Payee address; City; State; Zip Code		ode	
Purpose of pa	ayment (See instructions r	egarding type of information	· Complete if direct expend	diture to benefit C/OH ··

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Candidate / Officeholder name

required.)

Office held

Office sought

8 Purpose of payer required.)	ment (See instructions regarding type of information	9 ··· Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
Date	Payee name 1 1		Amount
12-22-04	Postmaster Payee address; City; State; Zip Code 5555 San Fernando St, SAN	Antonio (Tx 78237	(\$) 27.20
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
roquirou.)	Postage	Candidate / Oincerioider Harrie	Olinea sought
Date	Payee name Alamo Fiesta		Amount (\$)
12-23-04	Payee address; City; State; Zip Code 2025 N. Main, SAn Anton	10, TX 78212	140.38
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
Date	Payee name Richard Perez Campaign		Amount (\$)
18 Aug 04	Payee address; City; State; Zip Code 9302 Conde Drive; 5A,	TX 78224	100.00
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
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Printed on recycle	d paper	Aller Control of the	Revised 11/05/200
•			

POLITIC	CAL EXPENDITURES	RECEIVED CITY OF SAN ANTONIO CITY CLERK	SCHEDULE F
The Instruction	GUIDE explains how to complete this form.	1 Total pages Sc 2005 JAN 19 AM 10: 56	chedule F: 8
2 FILER NAME	Enrique Barrera	3 ACCOUNT#	(Ethics Commission filers)
4 Date 21 Aug 04	5 Payee name NN Democrats 6 Payee address; City; State; Zip Code 4081 Medical; San Antonio	Tx; 78229	Amount (\$)
8 Purpose of pay required.)	ment (See instructions regarding type of information Meeting	9 ·· Complete if direct expenditure to Candidate / Officeholder name Of	benefit C/OH •• fice sought Office held
Date Aug 04	Payee name Sunset Station Payee address; City; State; Zip Code 123 Heiman SATX 7	8202	Amount (\$) 400.00
Purpose of pay required.)	rment (See instructions regarding type of information Rental	•• Complete if direct expenditure to Candidate / Officeholder name Of	benefit C/OH •• fice sought Office held
Date 27 Avy 04	Payee name SA Parks + Rec Payee address; City; State; Zip Code PO Box 839966 SA1	-x 78283	Amount (\$) 75.00
required.)	rment (See instructions regarding type of information	•• Complete if direct expenditure to Candidate / Officeholder name Of	benefit C/OH •• ffice sought Office held
Date 10 Sep 04	Payee name Luby's Payee address; City; State; Zip Code Las Palmas SATX 7823	7	Amount (\$) 59, 20
Purpose of pay required.)	food for meeting	Complete if direct expenditure to Candidate / Officeholder name O	b benefit C/OH •• ffice sought Office held
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POLITICAL EXPENDITURI	ES	RECEIVED CITY OF SAN ANTONIO CITY CLERK
The Instruction Guide explains how to complete t	his form.	1 Total pages Schedule F: 2001 111 19 AM IO: 56
2 FILERNAME Enrique Bar	rera	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name Quick Prints		7 Amount (\$)
Nov 4,04 6 Payee address; City; 4501 NW LDOP 41	State; Zip Code 0, SAN ANTONIO T	420.23
8 Purpose of payment (See instructions regarding type required.) /ハッナながのな	of information 9 •• Com Candidate / Office	plete if direct expenditure to benefit C/OH •• ceholder name Office sought Office held
Date Payee name St lude Senio	in Nutritia Ctr	Amount (\$)
11/9/04 Payee address; City; 5. San Augustine		188.00
Purpose of payment (See instructions regarding type required.)	of information •• Com Candidate / Office	olete if direct expenditure to benefit C/OH •• seholder name Office sought Office held
Event Support		•
Date Payee name Southside Refor		Amount (\$)
11/9/04	State; Zip Code SATX 382-02	70.00
2203S. Hackberry	78210	
Purpose of payment (See instructions regarding type required.) Ad	of information •• Comp Candidate / Office	olete if direct expenditure to benefit C/OH •• eholder name Office sought Office held
Date Payee name Sunset Sta	tion	Amount (\$)
11/17/04 Payee address; City;	State; Zip Code	274.33
Purpose of payment (See instructions regarding type required.) Event cent	of information •• Comp Candidate / Offic	olete if direct expenditure to benefit C/OH •• eholder name Office sought Office held
ATTACH ADDIT	TIONAL COPIES OF THIS FORM	AS NEEDED